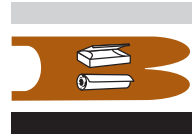


H.T. BERRY CO., INC.
50 North Street, P.O. Box B, Canton, MA 02021
Tel: 781-828-6000 Fax: 781-828-9788
E-mail: kferrera@htberry.com



CONFIDENTIAL ACCOUNT APPLICATION

Note: All sections must be completed in full

COMPANY INFORMATION

Sales Person's Name: _____

Company Name _____ Parent Company _____

Billing Address _____ Contact _____

City _____ State _____ Zip _____

Years in Business _____ Phone _____ Fax _____

Bank _____ Account # _____ Officer _____ Phone _____

OWNER INFORMATION

Must circle one of the following: Corporation Partnership Sole Proprietorship

Owner's Full Name _____

Owner's Address _____

City _____ State _____ Zip _____

Owner's Social Security # or F.I.N. (if corporation)(required) _____

Partner's Full Name (If Partnership) _____

Partner's Address _____

City _____ State _____ Zip _____

TRADE REFERENCES

1. _____ Phone _____ Fax _____
(Name and Address)

2. _____ Phone _____ Fax _____
(Name and Address)

3. _____ Phone _____ Fax _____
(Name and Address)

I/we acknowledge that the terms offered by the H.T. Berry Co., Inc. will be based on our credit references. I/we agree to pay all reasonable costs of collection including attorney's fees, in the event of my/our failure to pay. In consideration of the receipt of services by said firm, we the undersigned do hereby jointly and severally guarantee the payment by _____ (corporation name.) The below signatures also grant the H.T. Berry Co., Inc. the right to check any factors pertinent to a fair evaluation of establishing credit. I/we warrant the information provided and represent that the H.T. Berry Co., Inc. may rely upon evaluation of establishing credit.

Authorized Signature _____ Title _____ Date _____

Authorized Signature _____ Title _____ Date _____

(OVER)

COMPANY INFORMATION / BILLING INFORMATION:

Corporate Name _____ Social Security or F.I.N. _____
(required) (required)

Trade Name (DBA) _____

Address _____

City, State, Zip Code _____

Phone # _____ Fax # _____

Credit limit requested: \$ _____

Accounts Payable Contact (Name and telephone number) _____

Accounts Payable Email Address (for emailing original invoices): _____

“SHIP-TO” ADDRESSES: (street, city, state, zip, name if applicable)

1) _____

2) _____

PLEASE LIST OTHER “SHIP TO” LOCATIONS ON SEPARATE SHEET OF PAPER. THANK YOU.

SPECIAL DELIVERY INSTRUCTIONS:

Franchise? ___yes___no Seasonal business ___yes___no Years at present location _____

Category (circle one): Institutional Foodservice Restaurant/takeout Re-distributor Healthcare

Industrial/Mfg. School/church Retail/grocery store Contract cleaner Office/bank Export

Hospitality/recreational Office coffee systems Other (specify) _____

How do you wish to place orders (circle one): Online Email Fax Telephone

Accept original invoices by FAX ___yes___no. Fax# _____

Accept original invoices by Email ___yes___no. Email address _____

Must have purchase order number ___yes___no

Tax Type: (circle one)	<u>Massachusetts</u>	<u>Maine</u>	<u>Rhode Island</u>	<u>Out-of-State</u>
	Exempt	Exempt	Exempt	
	Resale	Resale	Resale	
	To-Go	Taxable	Taxable	
	Shipping			
	Taxable			

NOTE: Please fax a completed, correct tax form with credit application. The state requires us to have a completed, correct tax form on file or we must charge taxes which will not be reimbursed!

FOR SALESPERSON’S USE ONLY: Sales Person’s Name: _____

CUSTOMER NUMBER _____ Allow backorders ___yes___no

Tax Zone _____ Tax Type _____ “Ship-to” tax type if applicable _____

Price Type _____ Tax Certificate Number _____

Print prices on delivery tickets: ___yes___no Allow substitutes ___yes___no